ATTACHMENT 6
Examples of requests for prior authorization for retail pharmacies dispensing drugs and biologics

Examples of new requests for prior authorization before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

For example, if both of the following are true:		Then use the following:	
Date of receipt	**Requested start date**	**Prior authorization (PA) forms and instructions**	**Codes**
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	Pre-HIPAA nonmedical codes
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	Pre-HIPAA nonmedical codes
10/14/03	11/1/03	Revised PA forms and instructions	National nonmedical codes

For the following examples, the item to be dispensed is panretin 0.1% gel.

For example, if both of the following are true:		Then use the following:		
Date of receipt	**Requested start date**	**PA forms and instructions**	**Procedure code (National Drug Code)**	**Place of service code (Patient location code)**
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	64365-0501-01	0
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	64365-0501-01	0
10/14/03	11/1/03	Revised PA forms and instructions	64365-0501-01	00